

Vehicle Reservation/Usage Form

Mineral Resources Team—Central Region

Name: _____ Project Name/No. _____

Vehicle Tag No. _____ Destination _____

Projected dates of use: _____

Estimated number of miles to be traveled: _____

Actual date picked up: _____ Beginning mileage: _____

Actual return date: _____ Ending mileage: _____

Maintenance performed on trip? _____ Cost: \$ _____

Checklist:

Please note vehicle condition:

Before an extended trip.....

After your trip....

O.K.

Needs to be checked and/or repaired

_____ Gas tank filled?	_____ Gas tank filled?	Tires	_____	_____
_____ Have windshield fluid?	_____ Interior/exterior lights turned off?	Alignment	_____	_____
_____ Tires at proper inflation?	_____ Doors locked?	Brakes	_____	_____
_____ Oil at proper level?	_____ Interior clean?	Body damage	_____	_____
_____ Do you have a jack?	_____ Exterior clean?	Windshield	_____	_____
_____ Does the spare have air?	_____ Did you drive	Wiperblades	_____	_____
_____ Do you need/have an ice scraper?	approx. 3000 miles?	Headlights	_____	_____
_____ Do you have the proper hitch?		Brake lights	_____	_____
_____ Tools?		Heater	_____	_____
_____ Do you have a valid driver's license?		Air conditioning	_____	_____
_____ Have you completed Driver's training within 3 years?		Trailer hitch	_____	_____

Comments: _____

Joan, when repairs are needed, please send copy of request to Jackie Williams and Betty Adrian.
Jackie, after completion, copy to requestor, Joan Luce, and Betty Adrian.